Capiz State University	Document Type:	Document Code	IPMO-F09
1980	FORM ISO 9001:2015	Revision No.	00
	Document Title: ATBI TERMS AND CONDITION	Effective Date	September 16, 2019
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Request No.	:	
Name of Applicant/Firm	:	
Address	:	
Contact Person	:	
Contact Number	:	

I. The Capiz State University-Agri-Aqua Technology Business Incubator (CapSU ATBI):

- 1. Shall provide technical support to the incubatee for the incubation program;
- 2. Shall provide mentoring session on developmental courses on management, marketing and accounting and specialized courses on food processing and agri-aqua farming;
- 3. Shall provide facilities needed by the incubatee;
- 4. Shall provide value added services such as legal, financial and technical support to incubatees;
- 5. Shall provide discounts on the facilities used by the incubatee;
- 6. Shall not disclose confidential business information regarding the firm without the prior consent of the incubatee; and,
- 7. Monitor the progress of the incubation engagement.

II. The Incubatee:

- 1. Shall be willing to share relevant information to the ATBI personnel about the firm's operations necessary for the assessment/appraisal of the product/process/firm's present conditions, needs or problems to address the technical concerns for the development or improvement of a better product or more efficient process/production/technology;
- 2. Shall designate a company representative who shall have the responsibility and the authority to coordinate with ATBI on the various activities and transactions related to the conduct of the incubation program;
- 3. Shall be willing to adopt CapSU technology if needed;
- 4. Shall ensure the safety and well-being of the consultant during the conduct of site visits;
- 5. Shall be willing to provide food and accommodation of the consultant during the consultancy engagement;
- 6. Shall pay the enrollment fee relative to the incubation program of the CapSU ATBI once the company is already gaining profit from the business;
- 7. Shall pay the facilities every each used;
- 8. Shall acknowledge the assistance of CapSU ATBI in any press release or similar activity related to the conduct of the consultancy services.

CONFORME:

	Name	Designation	Signature	Date
CAPSU ATBI				
INCUBATEE				